Combined Declaration For Parent Application and Power of Attorney APR 1 3 2001 & ATTORNEY DOCKET										
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and sole inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	THOD OF SHAF	RING IMAC	GES ALLOV	VIN	G THIRD PAR	ry Prin	IO T	RDERS	VIA A	<b>A</b>
The specification of which (check only one item below):										
	The specification of which (check only one item below):  is attached hereto.									
X	was filed as United State	filed as United States Application Serial No. <b>US 09/717,448</b> on <b>20 November 2000</b> and amended on (if applicable).								
	was amended on (if applicable).  was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).									
I here	by state that I have reviewe	ed and understand	the contents of the	above	-identified specification, i	ncluding the	claims,	as amended 1	by any ar	nendment
	ed to above.									
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.										
	by claim foreign priority be									-
	international application(s) on applications(s) for patent		=							
foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:  PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:										
	COUNTRY	AF	PLICATION NUMBER		DATE OF FILING		<del></del>	PRIORITY CLAIMED U	INDER 35 USC	§119
	(if PCT, indicate PCT)		_		(day month year)	<del></del>		YES		NO
								YES		NO
	,		<del></del>					YES		NO
I here	by claim the benefit under	Title 35, United St	ates Code, 119 §(e	e) of a	ny United States provision	nal application	n(s) liste	ed below:		·
PRIC	OR PROVISIONAL APPL	ICATION(S) AN	D ANY PRIORITY	CLA	IMS UNDER 35 U.S.C.	§119 (e):				
	PROVISIONAL A	PPLICATION NUMBER				FILING C	ATE			
	<u>.</u>		<del></del> . ·		<del></del>				<del>.</del>	
desig in tha Trade	eby claim the benefit und nating the United States of at/those prior applications(s) mark Office all information able between the filing date	America that is/are ) in the manner pro n known to me to	e listed below and, ovided by the first pate be material to pate	insofa paragi entabi	ar as the subject matter of raph of Title 35, §112, I a lity as defined in Title 37	each of the cacknowledge 7, Code of Fe	laims of the duty ederal Re	this applicate to disclose to disclose to the second secon	tion is no to the U.	t disclosed S. Patent &
	OR US APPLICATIONS ( SC§120:	OR PCT INTERN	ATIONAL APPLI	CATI	ONS DESIGNATING T	HE U.S FOI	R BENE	FIT UNDER	₹	
U.S. APPLIC			CATIONS			STATUS (Check one)				
	U.S. APPLICATION NUM	IBER	U	J.S. FIL	ING DATE	PATENT	ED	PENDING	ABA	NDONED
PCT APPLICATIONS DESIGNATING THE U.S.										· <del>-</del>
PCT APPLICATION NO. PCT FILII		IG DATE	į	J.S. SERIAL NUMBERS ASSIGNED (if any)	-					
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ation and Power of Attorney (C ntinued)

Combined Declarati n For Patent Application and Power of Attorney (C ntinued)

ATTORNEY DOCKET 81884F-P

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) ass ciated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

end	d Corresp	343 State St	odak Company	Direct Telephone Calls to: (name and telephone number)  Frank Pincelli (716) 588-2728  FAX: (716) 477-4646		
	FULL NAME OF INVENTOR	FAMILY NAME McIntyre	FIRST GIVEN NAME Dale	SECOND GIVEN NAME F.		
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	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA		
	FULL NAME OF INVENTOR	FAMILY NAME Jensen	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME D.		
	RESIDENCE & CITIZENSHIP	CITY Holley	STATE OR FOREIGN COUNTRY New York 14470	COUNTRY OF CITIZENSHIP USA		
	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
	RESIDENCE & , CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
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	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
$\Gamma$	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201  ALL M. Tople	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
april 10,2001	april 11, 2001	DATE
SIGNATURÉ OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE